

CHILDRENS REHABILITATIVE SERVICES ADDITION TO FORMULARY REQUEST

Please Print Clearly

Prescriber's Name: _____

Specialty: _____ Phone: _____

Address: _____

1. Brand name, Generic name, strength and dosage form of drug requested:

2. What Formulary drugs are available in the same therapeutic class?

3. Indicate the advantage of the drug requested over current formulary alternatives. Supporting literature citations should be attached.

4. Are you affiliated with the manufacturer of this drug? If Yes, how? _____

Prescriber's Signature: _____